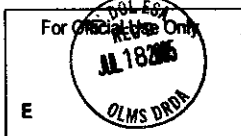


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U- <u>3319</u> | 2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing. Name <u>ERNEST H SOBERTAUM</u> P.O. Box, Bldg., Room No., if any Street <u>901 MASSACHUSETTS AVE NW</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u> | 4. Name, file number, and address of labor organization. Name <u>UNITED ASSOCIATION OF JAPPI</u> Labor Organization File Number <u>000-111</u> P.O. Box, Building and Room Number, if any Street <u>901 MASSACHUSETTS AVE NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u> |
| 5. Position in labor organization. <u>COMPTROLLER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ernest H Sobertaum

On

7-1-2005 (202) 628-5823

Date

Telephone Number

| | |
|---|----------------------------|
| Name of Person Filing ERNEST H. SODERSTROM | File Number U- 3319 |
|---|----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name THE McLAUGHLIN COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any # 900 Street 1725 DEVALES ST NW City WASHINGTON State DC ZIP Code + 4 20036 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">INSURANCE AGENT</div> 11.b. Approximate dollar value of such dealing. \$80,500 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;">DINNER AFTER BUSINESS MEETING</div> 12.b. Amount. \$50 |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

Name of Person Filing **ERNEST H. SODERSTROM**File Number U- **3319**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **MERZ-HUBER CO.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **630 FAIRVIEW ROAD**City **SWARTHMORE**State **PA**ZIP Code + 4 **19081-2308**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

INSURANCE AGENT

11.b. Approximate dollar value of such dealing.

\$175,000

12.a. Nature of interest held or income received.

TWO BUSINESS LUNCHEES

12.b. Amount.

\$70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

| | |
|---|----------------------------|
| Name of Person Filing ERNEST H. SOOERSTROM | File Number U- 3319 |
|---|----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| 8. Name and address of Business (including trade name, if any). Name O'DONOGHUE & O'DONOGHUE Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 4748 WISCONSIN AVE NW City WASHINGTON State DC ZIP Code + 4 2046 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">LEGAL SERVICES</div> <hr/> 11.b. Approximate dollar value of such dealing. \$1,700,000 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;"> 1/2 DINNER AFTER BUSINESS MEETING* * COST SPLIT WITH SACTER + CO. </div> 12.b. Amount. \$50 |

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|---|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14.a. Nature of payment. <div style="height: 100px;"></div> |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

3319

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount \$55

14.b. Amount of payment.

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|---|----------------------------|
| Name of Person Filing ERNEST H. SOOERSTRUM | File Number U- 3319 |
|---|----------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name SALTER & COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1629 K STREET NW #300 City WASHINGTON State DC ZIP Code + 4 20006 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;">AUDITING & ACCOUNTING SERVICES</div> 11.b. Approximate dollar value of such dealing. \$259,000 12.a. Nature of interest held or income received. <div style="text-align: center;"> 1/2 DINNER AFTER BUSINESS MEETING * * CNT SPLIT WITH O'DONOGHUE & O'DONOGHUE </div> 12.b. Amount. \$30 |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|--|--|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |